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\*\* CONTINUING DATA \*\*\*\*\*

NONE

*Jan F*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

YES

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>Jan F</i>	GERMANY	9	18	2

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## TITLE

Occupant protection device

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